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## BIB DATA SHEET

CONFIRMATION NO. 8345

<b>SERIAL NUMBER</b> 09/973,968	<b>FILING or 371(c) DATE</b> 10/09/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 02565/93	
<b>APPLICANTS</b> Joachim Noack, Bad Neustadt, GERMANY; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> GERMANY 100 49 900.7-41 10/10/2000 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/08/2001					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /MATTHEW F DESANTO/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance /MFD/ Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> <del>10</del> 5	<b>INDEPENDENT CLAIMS</b> <del>2</del> 1
<b>ADDRESS</b> KENYON & KENYON LLP ONE BROADWAY NEW YORK, NY 10004 UNITED STATES					
<b>TITLE</b> Method for determining the intraperitoneal volume					
<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		